

Suicide Prevention Advisory Committee

June 26 & 27, 2007

Conference Room A, Central Office

Minutes of meeting

Call to Order:

Roll Call was taken with the following present: Elizabeth Makulec, John Robbins, Dottie Mullikin, Dr. Mariann Atwell, Dr. Stan Edlavitch, Deb Cook (Tues) Aurita Prince-Caldwell, Lesley Levin, Ed Riedel, BJ White (Tues), Chad Hampton (Wed). Dr. Joseph Parks (Wed). Dr. Maureen Hennessy (Wed by phone)

Members absent: Bill Heberle, Sheila Osborn, Donna Scott, Sen. Charlie Shields, Rep. Connie Johnson, Susan Calloway

Other participants included: Sue Kremer, Scott Perkins, Rita McElhany, Ginny Weil (Wed), Ashley Taylor (Wed), Kathryn Crews, Jason Hoffmeyer (Tues), Gabrielle Malfatti-Rachell (Tues), Che Wilson (Tues), Diane McFarland (Wed)

Minutes of May 15, 2007 Meeting

A motion was made by Aurita Prince-Caldwell and seconded by Mariann Atwell that the minutes be accepted as written. This was approved unanimously by voice vote.

Kathryn Crews, Suicide Coordinator at the VA Hospital in Columbia was introduced to the group.

Sharing

The day was begun with a few shared jokes. As noted in earlier correspondence – a day without laughter is a day wasted.

Suicide Prevention and the Department of Corrections

Mariann Atwell provided an overview of the Department of Corrections (DOC) explaining that they house 29,000 offenders and there are 60,000 under supervision (Probation and Parole). There are four divisions within the Department. Mariann is Chief of Mental Health Services within the Division of Offender Rehabilitative Services which is responsible for providing medical, mental health, education, substance abuse and workforce development services and overseeing Missouri Vocational Enterprises.

In December 2001 mental health treatment for sexual offenders became privatized. CMS assumed responsibility at that time.

The National Commission on Correctional Health Care sets the standards for health services within the DOC and looks at many aspects including food service. DOC goes through accreditation every 3 years. All except two sites have met standards and have been accredited. (The specific standards are listed on the attached sheet distributed at the meeting.)

Suicide Prevention policies and procedures have been developed throughout the years. There is a partnership within divisions within the department to improve each year. All new employees are expected to go to basic training which consists of 4 sessions. There is a 4 hour curriculum and pre and post tests. The Core Training is an annual refresher course and 40 hours per year are required.

In regards to Suicide Intervention at DOC, there are specific procedures/policies. A Suicide Rating Scale is used to reflect risk. SR 1 which would be a verbal threat, SR 2 would be an activity that caused harm (did not require hospitalization) and SR 3 which is very serious and requires closer follow up (hospital or physician on site). The officers are to monitor every 15 minutes. Work is done with Biggs (Fulton State Hospital) if closer attention is needed. Follow-up does depend on the needs and is consistent.

Past Annual Events were reviewed and numbers were consistent the past three years for Serious Suicide Attempts and Completed Suicides. It was noted that hanging is the most prevalent method used. Autopsies are required on all completed suicides and a debriefing takes place within the medical facility. An outside consultant reviews all practices related to the event. Data on re-entry suicide has not been collected to date.

As to the future at DOC, Mariann reported that the Annual Core Training will include a component of Suicide Prevention. A one hour refresher course will be given every year. It was noted that they are trying to address common themes. Posters have been put up within the reception area, where both staff and offenders can view, regarding suicide prevention.

SAMHSA Campus Grantee

Jason Hoffmeyer, Project Coordinator, for SAMHSA grant at Linn State Technical College addressed the group. He reported they are progressing with the grant, the IRB has been completed.

Gatekeeper training, QPR trainings are being held. All Linn Tech staff is to attend QPR training. Time is being spent on developing “buy-in” from administration and has been successful.

Various events and methods being used to promote Suicide Prevention were discussed.

- Funds are available for a billboard which will be developed. The group supplied suggestions for possible caption and more powerful visual for the billboard.
- “Facts on Suicide” – a power point, is being displayed in the atrium of the main building.
- Intervention Team is in place. Issues are sent by teachers to this team. Discussion took place about the report coming from this team and how its contents can be used to assist with student safety.
- Seminars on campus

- Parent have had presentation on Suicide during orientation
- Contracting with Jed Foundation for link on website

Discussion ensued with SPAC about different methods of how suicide prevention education can be incorporated at Linn State Technical College.

Wristcutters Update

Elizabeth is monitoring when Wristcutters will be released. There is no release date yet and she has been in contact through e-mail with theatres who have expressed no indication as to when it will be shown. A preview is not available. MySpace has clips of the movie.

The Jed Foundation responded expressing their support of the letter that was mailed to the national suicide foundations.

There will be no further action until information is received on this film.

Lincoln University Research Grant

Gabrielle Malfatti-Rachell and Che Wilson from Lincoln University were present to speak on their research grant with the Army.

Gabrielle reported that they are looking at programs and giving advice to the Army. She recently met with Mr. Morales at the Department of Defense. She helped to develop a questionnaire. Previously every installation defined suicide differently but now a common denominator is present. The change in policy within the last year and a half has helped to eliminate the degree of stigma associated with help seeking in the Army.

Reintegration has become a major topic. The soldiers are different than those in past wars and the community must be made aware of the special needs of these men and women returning home. Our soldiers are fighting people who look like civilians – they wear no uniforms. The intent of the war has become muddled due to the nature of the insurgency. There are more dual deployments with both parents being actively involved with fifty-five percent being National Guard and Army Reserve. It was noted that suicide numbers have spiked with first deployment soldiers. Evaluation every 3 months upon reintegration will now be required as a suicide prevention strategy.

Gabrielle did note that Mr. Morales has been invited to the Suicide Prevention Conference being held in September. He has asked what the Army can do to monitor mental health. Mr. Morales' address will be shared with the SPAC for their suggestions and responses to his question.

Bi-Annual Report

There is a legislative mandate that a bi-annual report be completed. We have decided to target October or November 2007 for the report. Suggested input is needed for the focus.

A Multi-State Survey would be sent out by Dr. Schafer to other state directors to obtain input on their suicide prevention work. A draft of this survey was distributed and the group was asked to think about what else should be included. The Evaluation subcommittee will work on this.

Suggestions included changing the name of the Suicide Prevention group to Planning rather than Advisory and changing the structure to include a vice chair. This discussion will continue on the second day of the meeting.

Other state: Suicide Prevention Plans, Councils, etc

The SPAC broke into smaller groups and reviewed several plans from other states. They were to review them for similarities, differences and ideas of how the structure, membership, funding, etc. is handled outside Missouri.

The groups are to report back their findings and suggestions on Wednesday for Missouri's Plan.

Wednesday: June 27

Goals and Objectives

The group reconvened to discuss the State Plans studied Tuesday afternoon. It was noted that membership varies from state to state, the average being 25-30 members. The mandates are very vague.

Colorado has a Governor appointed committee and many of the states have used this as their model. It was agreed by the SPAC that there needs to be one elite entity to house a group that would be responsible for oversight, review and evaluation of activities. There is the need to identify goals with different action steps.

Missouri is still in the early stages and it was felt it may be more effective to focus on what they are statutorily able to do. Discussion ensued about needed clarification on who the committee advises as well as the role of this group. The group is advisory to Dr. Schafer and Dr. Parks through the Governor. The bi-annual report submitted by SPAC will go to the Speaker Pro Tem, House and Governor.

If the group is independent there may need to be abstention from voting taking place from some state agencies. The role may be to keep the state agency informed, that comments, issues are brought back to their individual departments. The goals and objectives should be for the state. Under the Goals and Objectives mandate, as advisory the SPAC should not be implementing but should be evaluating and developing policy and procedures. (Example: looking at screening and what is effective) Who should implement the plan? The plan was established for everyone (community organizations, state department) although roles may be different and vary. Members may be looking differently because of the individual roles (positions).

Various suggestions were made on how to get the necessary information and make communities aware.

A motion was made by Dr. Parks and seconded by Elizabeth Makulec that:

- 1) The Benchmark Survey of questions be used and sent to executive departments to see what each of them has done in the previous year and what is proposed for the next fiscal year.
- 2) Goals and Objectives Subcommittee come back next meeting with a proposal for the state numerical benchmark goal(s) until they decide to track.

The motion was carried unanimously.

Although they do not want to rush, this information would be desirable for inclusion in the report to be submitted.

Next level contacts could include community health centers, resource centers, local health departments, Mo. City Managers Association.

Simultaneous Subcommittee Meetings

The SPAC broke into three subcommittee meetings for approximately 45 minutes before reconvening.

Public Awareness Subcommittee

Aurita reported that this subcommittee had previously submitted to the full committee that the five key messages within the plan be accepted.

The committee had accepted with the exception of #4 which was changed to reflect “treatments are available for mental illness and substance abuse disorders”. The word “effective” had been removed. Some concern and questions were posed regarding breaking down stigma if linked with mental illness and substance abuse. These were included in the awareness message because mental illness and substance abuse were prevalent when looking at suicide cases.

The subcommittee also felt an overall message (#1 dotpoint) should reflect that suicide is preventable. There was lengthy discussion regarding this statement with a final decision that this be listed as “Suicide can be prevented”.

An instrument was developed earlier by Donna to assist in cataloging current information. The subcommittee questioned how this would fit with the document already being sent from the full committee for similar information since both are being sent to identify information for submission in the report to the Governor.

Goals and Objectives Subcommittee

Elizabeth reported that their group had outlined four basic goals.

- 1) To establish a reasonable benchmark for reduction of suicide by 2010
 - a) request literary search from MIMH
 - b) review evidence based programs
 - c) review other state documents
- 2) Determine baseline on numbers of completions and attempts (AAS, DHSS, MICA, hospitalizations, self-inflicted injuries)
- 3) Prioritize 3 sub-populations for at-risk
 - a) adolescent
 - b) elderly
 - c) incarcerated
- 4) Data Collection gaps – recognize there are limitations

Legislative Subcommittee

Dr. Parks reported they are going to do a key word search of current statutes using “suicide” and “prevention” as well as for all new bills being introduced. They have decided not to “tweek” current legislation – we might lose more than we gain.

Transformation Initiative

Diane McFarland gave a brief summary explaining how the New Freedom Commission was designed to look at issues in mental health. They identified six key goals. Missouri was one of the 9 states awarded a 5 year infrastructure grant. The grant is to recreate a mental health plan based on the New Freedom Report.

The Governor established two main groups, the Human Services Council and Transformation Working Group. Both of these groups will approve the final Transformation Plan and is comprised of senior leadership from Mental Health, Social Services, Health and Senior Services, Elementary and Secondary Education, Public Safety and Corrections. Six workgroups were formed around the six goals. All six groups have finished their work and are submitting their recommendations. These should be available within the next week. The website www.dmh.mo.gov/transformation/transformation.htm can be accessed for updates.

In August and September there will be meetings held throughout the state for public input. A card was distributed showing these dates and times. Besides those listed, there will also be meetings in Cape Girardeau, Springfield and Columbia. Feedback from SPAC should be put in writing to Transformation.

Diane reported that recommendations will be broad, there will not be focus at this stage.

As for Prevention, DMH has had very little effect except for ADA and the Suicide Prevention Plan. This needs to be coordinated with agencies across the state. It should be comprehensive and not duplicate other efforts. There should be common themes and the need to differentiate from the large plan. Other state departments will be asked for specific prevention goals. The recommendations will not be “suicide” prevention specific since there is already a suicide plan.

Recommendations received will be sent to SPAC. Diane asked for input from SPAC, which could influence input in other areas.

The SPAC group would like to know more about benchmarking efforts which have been done. Diane replied that established targets will be set after recommendations are received.

Update on Missouri Youth Suicide Prevention Initiative

Mini Grants

Proposals are still being accepted for summer awards. Twenty-two have been approved for funding. Carry-over will be requested for money not spent.

Budget Review

Budgets from the Resource Centers are being reviewed to see how money has been spent. Time spent on delivering direct service versus planning is being compared. Issues of training are also being studied.

Continuation Funding

SAMSHA was called several weeks ago and is not sure of additional federal funding availability. Ten foundations will be targeted for possible funding after the grant is ended.

On August 6, Gayle Jaffe (SPRC) will meet with the various Resource Centers. She will also be present on August 7 and 8 as a presenter at the SPSP training being provided.

Individual Efforts

Examples of individual efforts to prevent suicide were shared. This included:

- a town hall meeting in St. Louis where suicide report was given
- attendance at CMSU Counselor Institute where a session on suicide prevention was given.
- a bi-weekly Guidance Digest to all school counselors and administrator regarding suicide issues
- Dr. Koller is presenting an on-line course on suicide.
- helping with a church mini-grant, youth group, distributing pamphlets on gun safety.
- working with Western MO in collecting information in ER for therapeutic choices as to who belongs in the system. This information has been beneficial to both physicians and patients.
- Programming in the schools is being done through Mental Health of the Heartland.
- Center for Bio-Ethics project "Sabbath of Hope" – leaders are sent to a one day training (mental health issues, destigmatizing for help)
- Work on getting suicide prevention plans in all VA hospitals.
- new contacts in schools
- Summer programs are held through St. Louis Family Courts and alternative schools.

- Survivor Walk is scheduled for October.
- A mini-grant being utilized for Arthur Center staff to become ASIST trainers. SAFE TALK training is scheduled for July 18 and there are 4 additional ASIST trainings between August and September.
- Commissioner of Higher Education is heading the Security Task Force.

Evaluation

Ginny Weil reported that she enjoyed the site visits to all seven sites which were completed in Winter/Spring 2007.

She did comment that it was hard to get into the schools and recommended the committee write a letter to school administrators that suicide training be done in the schools. She did note that students grades 7-12 at Caruthersville did get QPR training.

In Survivor Support Groups, she reported that most resource centers referred to other, already existing groups.

As for Consensus Groups, she explained that the regional areas are large and most centers have started groups in the resource center county. None have developed groups with membership from all counties within their region.

In Gatekeeping Training she reported that all are either certified for QPR or are in the process.

A copy of the site visit summary is attached which further explains the challenges met during the surveys and recommendations made.

Ashley Taylor distributed a map which showed counties where trainings were conducted. The information used for compilation of this map was from pre and post tests. She did report that they are also trying to get a mini-grant map developed. A handout of the Spring 2007 Data Analysis was also distributed which included information collected from 211 activities. Discussion ensued about the information gathered and it was agreed by the group that the data analysis, map and site visit summary should be sent to the Resource Centers.

Future meeting times:

Dates proposed for call meetings included July 17 and August 21. The next face-to-face would be September 18 and 19. These are still tentative dates and the group will be polled about date preferences

A motion was made and seconded that the meeting be adjourned.